



ACT
Government

Justice and Community Safety

NOTIFIABLE ACCIDENT FORM

Road Transport (Public Passenger Services) Regulation 2002 – section 24

Name of Accredited Operator

Accreditation Number

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Date of Incident

Registration Number of Bus

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Make of Bus

Model of Bus

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Full details of driver involved in accident

Name:

Driver Licence Number:

Driver Authority Number:

Address:

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Full details of person/s injured/deceased in accident

Name:

Driver Licence Number:

Address:

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(If more room is required, please write details on a separate page labelled "Name and Address of person/s injured/deceased in accident" and attach to this form)

Details of injuries received by person/s involved in accident

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(If more room is required, please write details on a separate page labelled "Injuries received by person/s involved in accident" and attach to this form)

Circumstances of Accident

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(If more room is required, please write details on a separate page labelled "Circumstances of accident" and attach to this form)

Follow up actions

(Any information relating to the follow up actions taken against a driver at fault or relating to rehabilitation of injured parties)

Preventative measures to avoid future occurrences (if applicable)

(Document any processes that have been put in place to mitigate risk and avoid future occurrences, i.e. any OH&S measures, training etc implemented to avoid similar situations)

Note: This form must be received by Public Transport Regulation within 5 days of the incident occurring. All forms should be either faxed through to Public Transport Regulation on 6207 7160 or alternatively posted to "Public Transport Regulation" PO Box 158, Canberra City ACT 2601. Failure to do so may result in disciplinary action being taken against your accreditation.

Signed

Date

Name

Contact details